

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/446996** FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	2		2			
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7	B		B			
8	B		B			
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TOTAL IND.			50			
TOTAL DEP.			9			
TOTAL CLAIMS			59			

APPLICANT(S) **09/446996**

IND. DEP. IND. DEP. IND. DEP.

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TOTAL IND. TOTAL DEP. TOTAL CLAIMS